DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAL ASSISTANCE ADMINISTRATION Olympia, Washington

To: Certified Dietitians Memorandum No: 03-41 MAA

Managed Care Plans Issued: June 30, 2003

CSO Administrators

Regional Administrators For Information Call:

1-800-562-6188

From: Douglas Porter, Assistant Secretary Supersedes: 02-39 MAA

Medical Assistance Administration (MAA)

Subject: Medical Nutrition Therapy: Fee Schedule Changes

Effective for dates of service on and after July 1, 2003, the Medical Assistance Administration (MAA) will implement the updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2003 relative value units (RVUs).

Maximum Allowable Fees

MAA is updating the fee schedule with Year 2003 RVUs. The 2003 Washington State Legislature **has not appropriated a vendor rate increase** for the 2004 state fiscal year. The maximum allowable fees have been adjusted to reflect the changes listed above.

Attached is replacement page D.1/D.2 for MAA's <u>Medical Nutrition Therapy Billing Instructions</u>, dated September 2001. To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at http://hrsa.dshs.wa.gov (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Bill MAA your usual and customary charge.

Coverage/Fee Schedule

What is covered?

MAA covers the procedure codes listed below when referred by an EPSDT provider.



Note: Medical nutrition therapy is a face-to-face interaction between the certified dietitian and a client and/or caregiver. MAA limits initial assessments to 2 hours (or 8 units) per year and reassessments to no more than 1 hour (or 4 units) per day. MAA limits medical nutrition therapy provided in a group setting to 1 hour (or 4 units) per day. MAA reimburses for medical nutrition therapy only when referred by an EPSDT provider.

Due to its licensing agreement with the American Medical Association, MAA publishes only the official, brief CPTTM procedure code descriptions.

To view the entire description, please refer to your current CPT book.

| Procedure | | 7/1/03 |
|-----------|------------------------------|------------------------------|
| Code | Brief Description | Maximum Allowable Fee |
| 97802 | Medical nutrition, indiv, in | \$10.92 per unit |
| | 1 unit=15 minutes | Maximum of 2 hours (8 units) |
| | | per year |
| 97803 | Med nutrition, indiv, subseq | \$10.92 per unit |
| | 1 unit=15 minutes | Maximum of 1 hour (4 units) |
| | | per day |
| 97804 | Medical nutrition, group | \$4.32 per unit |
| | 1 unit=15 minutes | Maximum of 1 hour (4 units) |
| | | per day |

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Medical Nutrition Therapy

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